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Bib Data Sheet

CONFIRMATION NO. 7841

<b>SERIAL NUMBER</b> 10/614,625	<b>FILING OR 371(c) DATE</b> 07/02/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1649	<b>ATTORNEY DOCKET NO.</b> 41426-GC/JPW/CY
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/433,694 10/21/2003 ABN  
 and is a CON of 08/705,477 08/29/1996 PAT 6,569,432  
 and is a CIP of PCT/US96/02424 02/23/1996  
 which is a CIP of 08/466,381 06/06/1995 PAT 6,953,668  
 and is a CIP of 08/470,735 06/06/1995 PAT 7,105,159  
 which is a CON of 08/394,152 02/24/1995 PAT 5,935,818

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\*  
 \*\* 10/16/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 102	<b>TOTAL CLAIMS</b> 2	<b>INDEPENDENT CLAIMS</b> 1
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

## ADDRESS

57539

## TITLE

PROSTATE-SPECIFIC MEMBRANE ANTIGEN AND USES THEREOF

<b>FILING FEE RECEIVED</b> 595	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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